

Eastern MRS Meeting Notes
July 26, 2006
Sampson County Auditorium.

Counties Present: Bladen, Cartaret, Cumberland, Durham, Harnett, Hoke, Johnston, Nash, New Hanover, Onslow, Pender, Sampson, Washington, Wayne, Wilson

Introduction

News – Announcements

MRS Institute

Defining

Shared Parenting

CFT

Collaboration w/ Law Enforcement and Work First

Announcements

- Registration for MRS learning institute is due by the end of this week.

September Meetings (none in August because of Institute)

- Central Sept 21st Chatham
- Eastern Sept 22 Franklin
- Western Sept 27th AB Tech.

New Hanover wanted to talk about blended caseloads.

- There was a DCD letter than went out discussing blended caseloads. It is not a requirement, but it is strongly recommended. That was why the General Assembly gave us the money to get to 1-10 because they believed that one worker for (at least) the CPS part of the case was in the best interest of the families.
- They are having workers that are getting 24 new cases within a month, they do not feel that they can do this. There are too many different standards to keep up with and caseloads too high.
- Holly recommends trying very hard to get caseloads down before you try to blend, otherwise you are setting yourself up to fail. Also strongly believes that you need to stick it out for at least a year, otherwise you can't tell if it is working.
- In addition, you have to make some former case managers assessors.
- Supervisors have to adjust caseloads almost daily. Before you just used to assign them in a rotation. With blended you can have a rotation but you have to take them out a lot when they get overloaded. What goes around comes around. Supervisors also have to be on top of workers to make sure that one person is not slower and forcing reassignment all the time.
- Take a good hard look at the ones that are going into Case Management. Are you putting cases into 215 that don't really need to be there? Are you moving things along with cases do go into 215? Don't let them "waller" – if there is no progress then why? What needs to happen at that point? Close or move to take custody.

- Have counties of all sizes with various models of implementation. Some old counties, some new counties, some have tried, quit, and are trying again with lessons learned. There are several counties to talk to for advice and suggestions. Several different models.

Durham wanted to ask about DV cases and family assessments

- What is the rule about conducting family assessments and group interviews when there is DV? Can this be a local agency decision?
 - Yes, this is a local decision. Need to talk to the non-offending parent and see how they best feel safe. They live in the situation and they know how best to handle it.
 - Can be on a case by case basis. Have some counties that take all DV as investigative assessments, others just DV with weapons, or DV with serious injuries, or some other qualifier.

Defining

Shared Parenting

- What do we think meets the requirements of a Shared Parenting Meeting? Think this will take several months to define, but what do we need to see in the record to see that it was in fact a meeting?
- How do we feel about having the first meeting within 7 days?
 - Sometimes this is really hard depending on the situation. There are times that counties cannot make the 7 day requirement although they try, but they document.
 - Nash county – feels very strongly about not having an extension on the time frame, she thinks this will be bad for children because they will go more than a week without knowing what is going on, the foster parents won't know how best to deal with this child, and biological parents don't know where their kids are. They do all their meetings at time of placement.
 - Think successful meetings at placement depends on the skill of the foster parent especially if the biological parents are hostile.
- Do we think we need to have more guidelines as to how often they should occur? Remember that at this point the initial meeting within the first 7 days is the only one that is required, although we certainly hope that they continue throughout the case.
 - Everyone said no.
- What would documentation look like? How would you know that what happened was a Shared Parenting meeting? (Shared this from yesterday's meeting.)
 - Discussion of how rapport is developing between Foster Parents and Biological Parents.
 - See some information that the meeting was child centered, what are the routines of the child, health issues (allergies), favorite things.
 - Medicaid card if applicable, information on medication.
 - Descriptive concerning attitudes of both biological and foster parents, dynamics of the meetings.
 - Discussion of how they will handle phone calls, doctor appointments etc. Would like to have discussed any appointments already

scheduled, how to handle any that come up. Schedule day and time to call.

- Discipline techniques
 - School information – areas they may need help in
- What is the least you are comfortable with having done? Sometimes each type of parents are reluctant and there are other issues.
 - Medical issues
 - What is their comfort routine? When they wake up scared, what should you do?
 - Cultural and religious issues.
- What guidelines do we want? What is best practice?
 - Policy says 7 days, but best practice would be within 24 hours.
 - Minimum have *someone* from birth family and foster family as well as agency representative. (Some counties use the licensing person to facilitate since they will have a good relationship with the foster parents.)
 - Show that it was a more intimate meeting, not a formal meeting, like a CFT will be. This is more in depth, personal. Also important to be culturally sensitive since often the 2 parents are from different cultural backgrounds. The birth parents might not think to ask about foster parents cultural habits, but the social worker can do that. Social worker needs to be able to jump start the dialog?
 - Discuss religion if applicable.
- Who should be at the Shared Parenting meetings?
 - Foster Parents, Biological Parents, Social Workers.
 - Extended family members. Use judgment on a case by case basis. You are trying to build the relationship between the foster parents and biological parents, and extended biological family may make the situation uncomfortable for either the foster, biological parents or both.
- What do you do if you have a non English speaking parent? Do you ask them to bring their own translator, or does the DSS provide someone?
 - Need to make sure you are complying with your agency policy with that.
 - This group felt strongly that you cannot let them use their own person.
 - Some counties are having problems even with court appointed interpreter, because families are having grounds to bring cases back to court by claiming that they didn't understand the interpreter because they spoke a different dialect or something.
- Hard to deal with foster parents that are of the mindset that they are fostering to adopt. We need to be sure that we let foster parents know that it is about the children and their need. Be honest with the foster parents that almost all the time the DSS goal is reunification. There may come a time with some child that they can adopt, but this will not be the goal.
 - May need to use caution when placing children with people that are obviously wanting to foster to adopt. Don't place children there unless they are legally free.
- Some of the counties have had a lot of success with the foster parents mentoring the biological parents. The biological parents often respect and can

- identify with the foster parents more than the DSS workers. DSS is “bad” they took my child, but the foster parent cares for my child and knows them.
- Some counties even have had situations where a biological parents had several children taken away, and adopted by the foster parents. She got pregnant again, and called the foster/adoptive parent. She figured DSS would take this child too and wanted the foster/adoptive parents to have this child as well.
 - Several other circumstances where biological parents have given up their children to foster parents that they know and have a good relationship.
- How do counties deal with their workers and getting them to deal with the foster parents? What education/training is done with foster parents and workers. The foster parents are scared of the one in a million chance that the birth parents will come to their house and steal their kids, and subconsciously the DSS workers may be a barrier as well.
 - No one had any dramatic suggestions. Just prepare foster parents for the fact that they may see birth parents in the community.
 - Have workers monitor MAPP trainings.
 - Have Foster Care workers come to this meetings so that they can hear from other county folks. Or have them visit a nearby county that is successful with Shared Parenting.
 - It is a gradual process like everything else.
 - Discuss this openly with your workers and let them tell you why they feel uncomfortable about it. Challenge them to confront their issues and be open about it and give it a chance. Who’s issue is it? Is it the worker’s issue, or is there a real safety issue?

Child & Family Teams

- When you are holding the first one, within 30 days of case decision, are there usually other people there besides the family and the social worker.
 - No, often, the family has little supports, they may have only come to a referral intake appointment and don’t have rapport with those folks yet. Some counties have a service provider come to the CFT to explain their services.
 - If this happens at the first meeting this is not the end of the world, but have to be careful that you still make it a CFT.
- If you are reading a record and there is a CFT mentioned, what would you want to see?
 - If it’s a high risk case – a facilitator
 - Case plan that was developed (and that it was discussed, not just presented to the family.) Would want to see ideas from parents and their supports. If those are not ideas that were incorporated into the plan, why their ideas would not work. CFSR really looks at that as well as the Feds.
 - Some folks have a stand alone form. (New Hanover’s meetings are conducted by a mediation center and they complete the form, and do all the prep work. They think this is great.)

- What is the minimum documentation?
 - Case plan developed and reviewed
 - Structured Decision Making & Risk re-Assessment tools
 - Who was there.
- Best Practice
 - Referral forms
 - More family than professional staff
 - Involvement of children – one county has something that children can fill out with things they want to say.
- Are people involving children younger than 12?
 - Some are, usually leave it to the discretion of the worker who knows them more than anyone else involved in the case. If they do, then sometimes have the child only in there for part of the meetings, and when they take them out, let them talk when they come back in so that they don't feel excluded.
 - Give the child options. Can leave at any time, and also if they want to share something but don't want to say it, can have someone speak for them (that they have talked to before) or have the child write things down and select someone to read it for the child.
 - May have a larger CFT for everyone, and then have a mini one for the child and parents and their therapists.
 - Need to acknowledge that the children hear about these meetings from their family. Sometimes what they hear is likely worse than the actual meetings so having them there actually resolves fear and concerns.
 - Also, if you are having trouble getting people to bring out the real issues and getting to the truth, invite the child. They will often say what they are thinking and not be shy and put things on the table.
- Difference between P-PAT & CFT (see minutes from last month). These can possibly be the same, however there are requirements for attendees at the P-PAT so the family has to be ok with those people being there in order for it to count as CFT
 - Usually the GAL and the community person are the sticking points that the family is reluctant to have there.
 - The community person – does that have to be someone with NO involvement with the family? Not sure, does not seem to be that way, just no stake in the DSS case.
- Counties that were used to Team Decision Making sometimes have a problem with the timing of CFT. TDM's were crisis driven and if they were used to that they don't see a point in CFT every 30 days if there is no crisis. However, there *is* a point to CFT, it is to develop and manage the case plan.
- Some new counties having real problems finding a facilitator. Staff already overwhelmed and don't want to volunteer for fear they will become more overloaded. Its hard just to go into the community and ask for volunteers.
 - No funds to contract
 - Realize that you only have to have them for high and intensive risk.
 - Catawba county has been doing this for a long time and have a list of staff that are trained, so the social worker does the prep work, and

then goes down the list until they find someone. (Work First people are also on the list.)

- Remember that NC State will come and do trainings if you get at least 10 people together for the TALS program. Cherie Spehar 919-367-9272. Its free.

Collaboration

Work First

- This will give you the biggest bang for you buck.
- Remember that there are a lot of things that WF can offer besides a monthly check. Even if the family is not getting a WF check when you start the assessment if there are poverty issues, WF might be able to help. Try it – they may be able to offer some kind of supportive services.
- Also coordinate with Adult Services!!!
- What does this documentation need to look like?
 - Come to CFTs (and identify who they were, not just Sally, Sally (WF), present on home visits, were they required collaterals, (although they are not listed on the structured intake form from the state you can add them on there), phone contact with them throughout the life of the case, CPS going to Success meetings, WF has provided some services, having CPS/WF plans match (not conflict with each other), a copy of WF case plan in CPS record.
 - On a referral form for step down services (voluntary services in a services recommended case – they are not CPS issues but there are things the family could use.)
- What makes collaboration stand out – best practice?
 - Joint (or matching) case plans
 - Communication all through the life of the case.
 - Joint home visits